



Program Participation Agreement Alaska Performance Scholarship

The Program Participation Agreement (PPA) must be completed by postsecondary institutions and training providers seeking approval to participate in the Alaska Performance Scholarship (APS) program. To receive APS funds for disbursement to eligible students, a complete PPA application packet must be received by ACPE no later than March 31st.

In addition to this form, all non-accredited and/or non-authorized schools must submit either:

- Audited financial statements for the most recently completed fiscal year, **OR**
- Educational Institution Surety Bond (See Institutional Liability Worksheet to determine amount)

Institutional Information

Name of Institution: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Web Address: _____

Contact information for primary and secondary points of contact for APS program participation administration:

Primary Contact Name: _____ Secondary Contact Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Accreditation and Authorization

Name of institutional accrediting authority (if applicable): _____

Current institutional status with ACPE: Authorized Exempt

Complete list of all program credentials, program accreditations and other third-party approvals or endorsements (e.g., NCCER, Board of Barbers and Hairdressers; FAA Part 141/142). Attach additional pages as necessary.



Organization Description (non-accredited and/or non-authorized institutions ONLY)

Ownership Type: _____ Number of years operating in AK: _____

Name of owner: _____

Certifications and Representations

I, the undersigned, hereby affirm the information provided is complete and accurate and that I am authorized to enter into the Program Participation Agreement. My signature certifies I have read and understand all applicable statutes and regulations governing the APS program. I understand my institution is subject to compliance audits relative to APS participation and agree to cooperate with any such audit. I further affirm the institution will administer APS funds in accordance with applicable statutes (AS 14.43), regulations (20 AAC16, 20 AAC 17 and 8 AAC 81), and program policies, including:

- Fiduciary responsibility for APS funds
- Timely disbursement of funds to eligible students and the return of funds that cannot be promptly disbursed
- Appropriate documentation of student identity, student eligibility, the amount disbursed, and dates of disbursement
- Reporting of student academic performance, graduation, and other outcomes-related information
- Availability of student, administrative, and financial records for inspection by state officials
- Immediate notification to ACPE regarding any changes in staff with APS-related responsibilities
- Institutional participation in the National Disbursement Network (NDN)
- Availability of student advising related to course selection, career choice, and personal challenges for incoming students
- Timely availability of courses and credits for a degree or certificate

Signature of owner, CEO or senior administrative official: _____

Printed name and title: _____ Date: _____